

Answer : Mediquiz

Answers :-

1. A

Japanese encephalitis virus infection does not have a rash. All the other causes of encephalitis mentioned here may present with rash. Dengue has now emerged as an important cause of encephalopathy during epidemics. The rash in dengue infection is biphasic. At first, there is an erythematous confluent rash; later purpura may appear.

2. B

This clinical image shows an eschar. Based on the history, this is probably a case of scrub typhus. So, doxycycline is the drug of choice. Azithromycin is also used in scrub typhus but since this case has encephalopathy, doxycycline will be preferable.

3. B

Kawasaki disease is common in children < 8 years of age. The most dreaded complication of this disease is coronary arteritis, leading to myocardial infarction or aneurysm.

4. D

All these types of skin rashes have been reported in Covid-19 infection till now. Cutaneous manifestations have been found to be an important clinical feature of Covid infection. Sometimes, these rashes may be confused with other infectious diseases.

5. C

Duke's criteria is used to diagnose infective endocarditis. This injectable drug using person has prolonged fever and the rash in hands is suggestive of Osler's nodes. So, this is likely to be a case of infective endocarditis. Ghent criteria is used to diagnose Marfan syndrome. Hunter criteria is used to diagnose Serotonin toxicity.

6. C

The rash in this case is mainly distributed in the extremities. Among the given options, scrub typhus has predominantly a truncal rash. All other diseases mentioned here have peripheral rash.

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

ECG : The Other Face (JIMA, Vol 118, No 6)

SIR, — ECG is one of the most incredible discovery in medicine, which is reflected from its usefulness in day to day clinical practice. Willem Einthoven received Nobel Prize in physiology/medicine (1924) which is testimonial to its unique ability to diagnose and understand various cardiac disorders. Over Last one decade, ECG has been established as a very cost effective diagnostic and prognostic modality. Its role in various cardiac conditions such as STEMI can't be overemphasised. Its often helpful in non cardiac conditions also. In this paper, author has highlighted various such conditions. Pulmonary thromboembolism (PTE) is a potential life threatening situation which poses a significant diagnostic challenge. There are a gamut of ECG signs which are helpful in suspicion and diagnosis of PTE. Symmetrical T wave inversion in anterior chest leads (V1-V3) is common and reflects RV strain due to acute PTE. Other ECG signs such as S1Q3T3 though nonspecific, should be considered under appropriate clinical settings. One must be aware of various non cardiac conditions such as SAH, GI disorders, electrolyte imbalance, poisonings which can mimic changes of coronary ischemia as nicely depicted in this paper. A wrong management in lines of coronary artery disease may be detrimental in these patients.

ECG is also subject to change under changing physiological conditions such as posture, pregnancy & skeletal abnormalities, which may be misinterpreted as abnormal. Undoubtedly ECG is an opportunity to detect

various non cardiac conditions. No ECG sign should be considered "sine qua non" of any particular condition, since ECG changes are subject to limitations of sensitivity & specificity. In depth knowledge and wise approach to ECG reading is a formidable tool of clinical practice.

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Untouchability – Other Face of Pandemic (JIMA, Vol118, No 6)

SIR, — I sincerely thank and laud the Editor Prof Jyotirmoy Pal for bringing up the issue of dilemma of doctors in the context of COVID-19 pandemic in India, in his timely Editorial "Untouchability – Other Face of Pandemic"; my only commiseration being that JIMA is read only by doctors and does not reach the public at large.

While I find the attitude of the common person in evicting a health care worker (not only a doctor, but also a nurse, an ambulance driver or, a even a scavenger) from his or her apartment repugnant, I tend to ascribe this to a sense of unfounded panic rather than an expression of genuine hate or, pent up anger against these people.

However, I find the carefree attitude of the same common person thronging streets (more concerning, cafes and other enclosed spaces of socializing) without following physical distancing, neither wearing mask (at best using one to

protect the chin!) unacceptable. An undeniable result is unabated spread of the virus with consequent morbidity and mortality; this closes the loop with more panic in society.

How do I see the way forward? What is my wish list for different strata of society?

Doctors (and other health care workers) should remain committed to their core job; this does not mean only serving COVID-19 patients; this involves providing usual service in all different specialties; myocardial infarction still needs thrombolysis, fractured neck femur requires hemiarthroplasty, diabetic ketoacidosis demands insulin infusion and pregnancy looks forward to safe delivery. Fear of COVID-19 should not thwart any of these activities. It need not be stressed that health care workers need to follow strictest precautions (does not mean PPE in all situations) not only at place of work so they don't pick up the virus, but also once they return home so that they don't spread to near and dear ones. I would go as far as to state that infection in a health care worker should be looked upon as a failure to follow preventive measures; this, in no way, diminishes my appreciation and respect for so many of my brothers and sisters who have been affected and have even laid down their lives. With treatment paradigm changing quickly, it is our onus to keep abreast of the latest. Each patient, especially the more severely affected, and the family deserve our unstinted empathy and support. We should also try and impress on everyone around us, patient or, passerby, the importance of self-protection.

Government and employers of health care workers need to facilitate the process by every possible support, from helping in comfortable transportation, providing a safe work environment, making protective equipment freely available, arranging for state-of-the-art treatment facility, to preventing burn-out from overwork and stress and assuring prompt and quality medical care (even in private hospital) if anyone is affected; finally, there must be assurance of very generous compensation in the unfortunate event of demise of a health care worker from COVID-19.

Media have an extremely important role of sensitive reporting, not looking at distress as opportunity for a 'headline story'. I would like them to further consolidate efforts to educate and counsel the common person to ameliorate uncalled for panic and resultant irrational behavior. They should continue to disseminate public health measures like physical distancing, wearing of proper face cover, hand washing/ sanitizing and the rest. They need to be more proactive in speaking out against the unfair treatment meted out to health-care and various other essential service providers (like police, transport workers, power plant workers, supply chain workers and so on).

Common person needs to be extremely vigilant in following preventive advice, avoid groundless fear, appreciate difficulties faced by health care personnel and not act irrationally on impulse.

I acknowledge containing this pandemic is still a huge struggle. But we can justifiably take hope from success stories of a number of countries by strict enforcement of public health measures, likely availability of more effective treatment (as we understand the course of disease better) and eventually preventive vaccine that will, hopefully, be affordable and available to whoever needs it.

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Access to Medicines Licensed for Management of Covid-19 in India

SIR, — On July 11, 2020, there is yet another addition to the Covid-19 pharmacotherapy armamentarium in India (welcome this!) after remdesivir, favipiravir and dexamethasone. Biocon-India receives 'restricted emergency use' marketing license from Drugs Control General of India for itolizumab, an anti IL-6 monoclonal antibody hitherto used for treating psoriasis, repurposed now for use in moderate to severe Covid-19 patients. But there is a serious concern about access of patients (of Covid-19) to these medicines that are not freely available in the open market. It is learnt that people (doctors and hospitals) all over India are struggling to access these drugs for treating Covid-19. This is just not acceptable. What's needed is local governments and hospitals should amend the usual policy and rules for procurement of drugs and health technologies for adequately addressing the legitimate need and demand of (and during) a pandemic like this (Covid-19), and bring to fore special strategies instead. Many such authorities (local governments and hospitals) seem to be either clueless or uninformed about how to proceed for procurement (and distribution to the point of care) of such medicines. Should not they be proactive in directly contacting the concerned companies for bulk procurement of these drugs - Hetero/Cipla for Remdesivir, Glenmark for Favipiravir, and now Biocon for Itolizumab? One should appreciate that at this stage, all these companies have only limited manufacturing capacity for these drugs that can hardly match the demand in the country. There is an obvious competition among different governments/hospitals for stockpiling these drugs. As a professional clinical pharmacologist as well as a conscious citizen, I feel worried about this issue of lack of access to these essential medicines when you need them most. This is an unforeseen crisis and there are unique and special challenges. We must evolve unique and special solutions for them. Yours sincerely, .. Dr Santanu Tripathi, Department of Clinical and Experimental Pharmacology, School of Tropical Medicine, Kolkata".

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